

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant : Dixon et al.
Appl. No. : 10/016,358
Filed : October 30, 2001
For : CONSTITUTIVE DISEASE
RESISTANCE (CDR1) GENE
AND METHODS OF USE
THEREOF
Examiner : Medina Ahmed Ibrahim
Group Art Unit : 1638

CERTIFICATE OF MAILING

I hereby certify that this correspondence and all marked attachments are being deposited with the United States Postal Service as first-class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, on

March 2, 2004

(Date)

Michael L. Fuller, Reg. No. 36,516

AMENDMENT AND RESPONSE TO OFFICE ACTION

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Dear Sir:

This is in response to the Office Action mailed November 04, 2003. Applicants wish to thank the Examiner for reviewing the instant application. Please amend the above-identified application as follows:

Amendments to the Specification begin on page 2 of this paper.

Amendments to the Claims are reflected in the listing of claims which begins on page 3 of this paper.

Remarks/Arguments begin on page 6 of this paper.

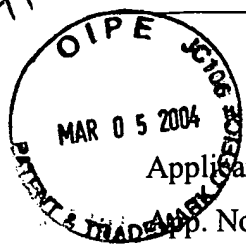
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AMENDMENT / RESPONSE TRANSMITTAL

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Commissioner for Patents
 P.O. Box 1450
 Alexandria, VA 22313-1450

Sir:

Transmitted herewith for filing in the above-identified application are the following enclosures:

- (X) Amendment and Response to Office Action in 15 pages.
- (X) The present application qualifies for small entity status under 37 C.F.R. § 1.27.

The fee has been calculated as shown below:

| FEE CALCULATION | | | | |
|--------------------|-------------|--------------|----------------------|--------------|
| FEE TYPE | | FEE CODE | CALCULATION | TOTAL |
| Total Claims | 26 - 51 = 0 | 2202 (\$9) | 0 x 9 = | \$0 |
| Independent Claims | 4 - 9 = 0 | 2201 (\$43) | 0 x 43 = | \$0 |
| Multiple Claim | | 2203 (\$145) | | \$0 |
| 1 Month Extension | | 2251 (\$55) | | \$55 |
| 2 Month Extension | | 2252 (\$210) | | \$00 |
| 3 Month Extension | | 2253 (\$475) | | \$0 |
| | | | TOTAL FEE DUE | \$ 55 |

- (X) An extension of time is hereby requested by payment of the appropriate fee indicated above.
- (X) A check in the amount of \$55 is enclosed.
- (X) Return prepaid postcard.

Docket No.: SALKINS.017C1

Customer No.: 20,995

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- (X) Please charge any additional fees, including any fees for additional extension of time, or credit overpayment to Deposit Account No. 11-1410.



Michael L. Fuller

Registration No. 36,516

Attorney of Record

Customer No. 20,995

(619) 235-8550

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